



ANNEX A (DEOC TASK ORGANIZATION)

1. SITUATION

- a. The Influenza Pandemic Threat: Refer to Annex B (Disease Intelligence).
- b. Mission and Intent of Higher and Supporting Organizations: Refer to Base OPLAN.
- c. Environment: Refer to Annex B (Disease Intelligence).

2. MISSION

CDC organizes for emergency operations employing a tiered response according to the perceived severity of the threat posed by an influenza pandemic.

Chart 1: CDC Response System Tiered Phases

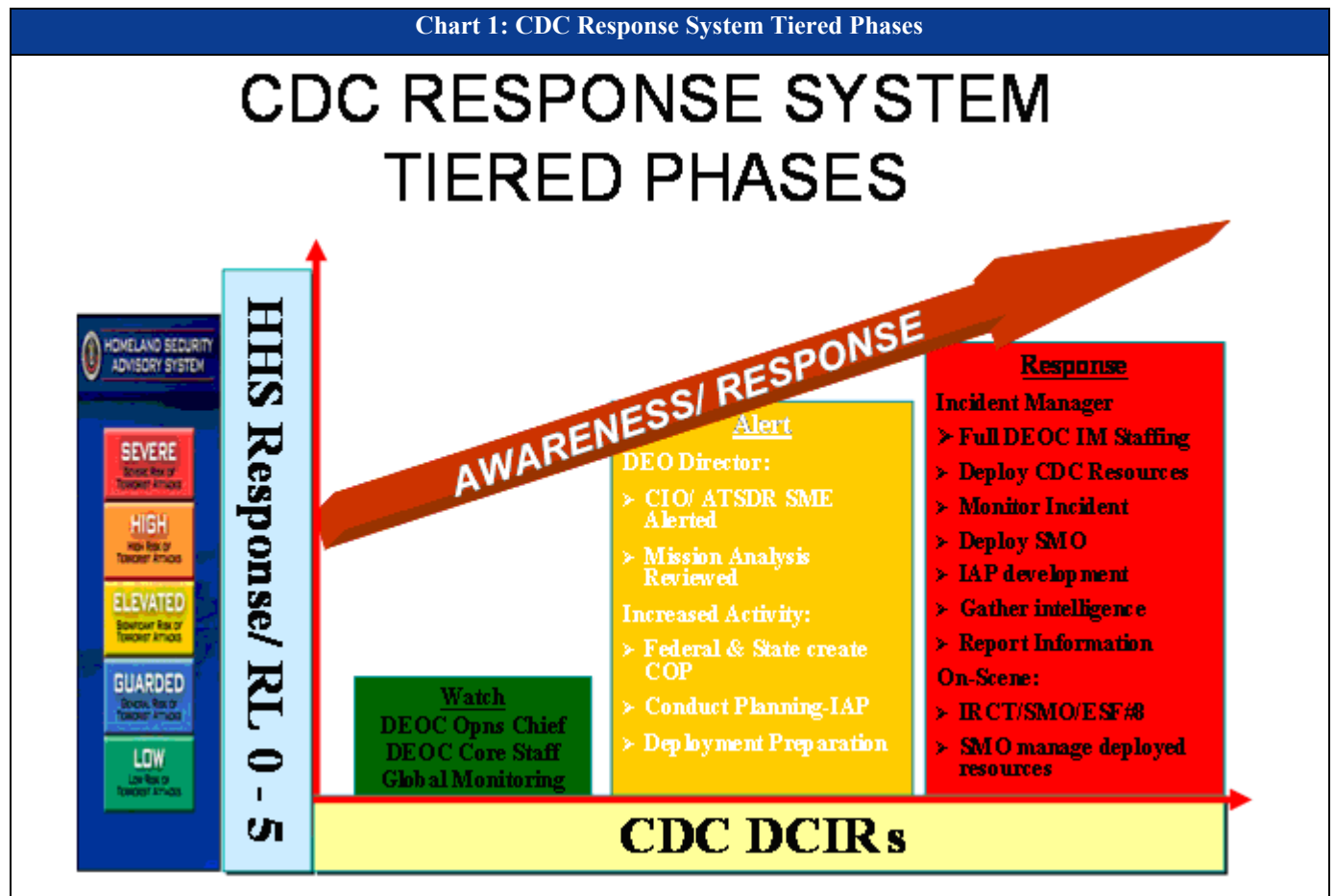
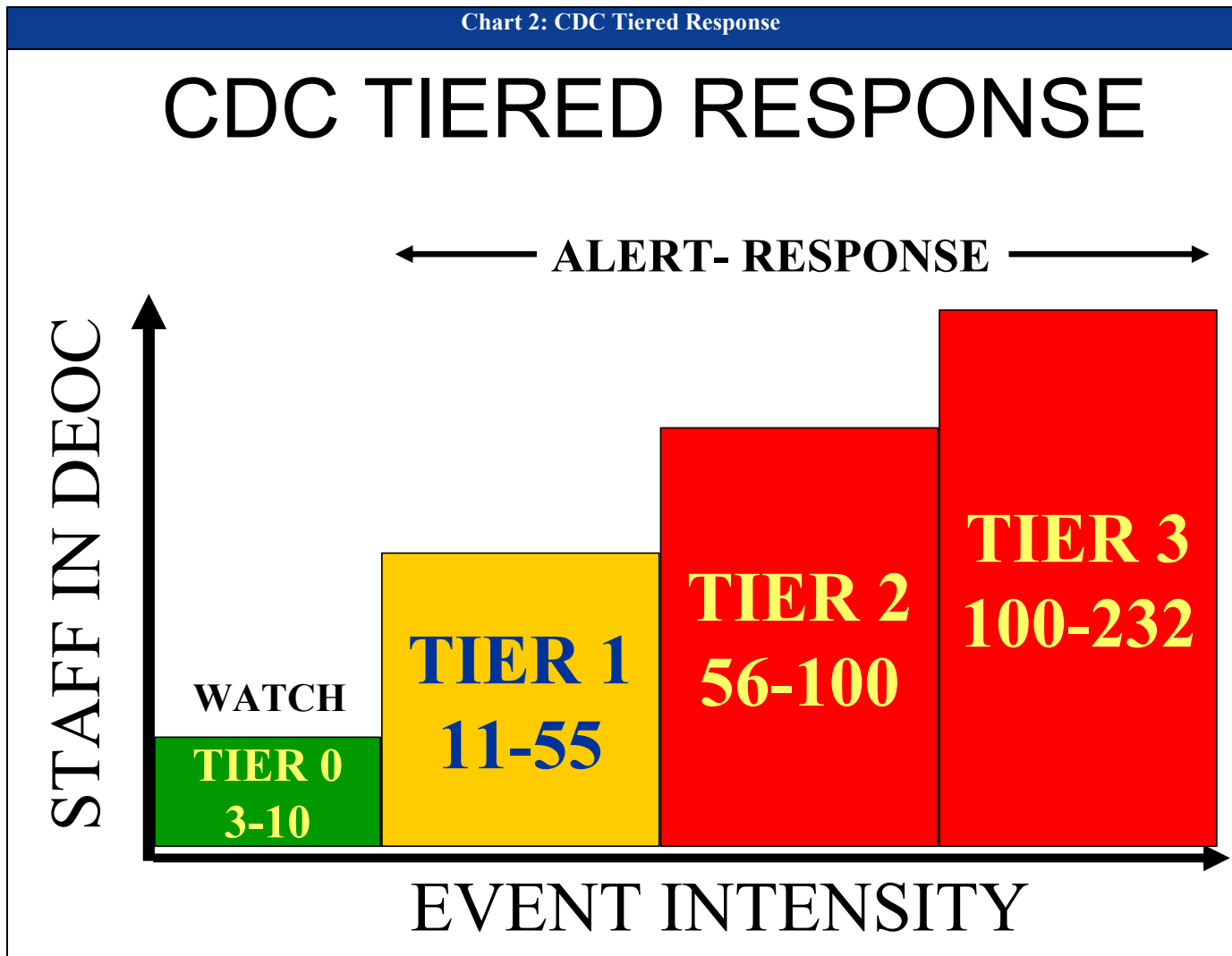




Chart 2: CDC Tiered Response



The CDC operates under the CDC Incident Management System (IMS) which is under the operational control of the designated Incident Manager, the Director, Division of Emergency Operations (DEO)/Coordinating Office for Terrorism Preparedness and Emergency Response (COTPER). Initially, the coordination of this effort will take place from the Director's Emergency Operations Center (DEOC) located at Roybal Campus, Building 21, Floor 3. The direction of the CDC/ATSDR response to an incident will be unified in accordance with the operational aspects established by the IMS.





The IMS is staffed from across the agency and represents the associated functional expertise of CC/CO/NIOSH. The IMS provides operational, administrative, and logistical support to all CC/CO/NIOSH during an incident. Transitioning to the IMS from parent organizational structure in responding to the influenza pandemic will require training and exercises to enhance performance execution utilizing repetitive processes and procedures.

3. EXECUTION

a. Concept of Operations.

- 1) The CDC Director uses the IMS in the DEOC to efficiently deploy personnel, gather and prepare situational reports, analyze and disseminate information in order to maintain situational awareness, and to resolve issues through the centralized structure and operation of an integrated incident management system. CC/CO/NIOSH functional support of the IMS in the DEOC corresponds to surge requirements linked to three alert modes:
 - a) Watch Mode: Maintain public health situational awareness while planning, preparing, and training for contingencies.
 - b) Alert Mode: An event of interest from the Director's Critical Information Requirements (DCIR) has occurred resulting in an increased level of awareness, increased contact with external agencies, event-specific planning, and initial response activities.
 - c) Response Mode: An event demonstrates confirmation of a DCIR with a potential public health threat and triggers expansion of IMS (assumed to be when WHO Phase 4 and USG Stage 2 are declared) resulting in centralized management to include science, logistics, decisional support, and planning.
- 2) Augmentation of the DEOC within the framework of an influenza pandemic will be prescribed by the Director, CDC, and for planning purposes will be driven by the WHO global pandemic phases and the USG Stages for response:





a) Inter-Pandemic Period (WHO Phases 1 –2; USG Stage 0):

DEOC operates in Watch Mode. Scientific/technical/clinical planning and coordination remain the responsibility of CC/CO/NIOSH coordinated by the Influenza Coordination Unit (ICU).

b) Pandemic Alert Period (WHO Phases 3 – 5; USG Stages 0 – 2):

During the alert mode, Director, CDC, may require CDC to activate portions of the IMS functional staffing for centralized management in the DEOC.

c) Pandemic Period (WHO Phase 6; USG Stages 3 – 6):

DEOC will be operating in Response Mode, which may have been activated by Director, CDC at some point during the Pandemic Alert Period, based on the disease intelligence received.

b. Coordinating Instructions.

- 1) CC/CO/NIOSH/Emergency Coordinators (ECs): Provide personnel augmentees to the Incident Manager.
- 2) The IMS in the DEOC will coordinate employment of CDC functional experts with:
 - a) USG through HHS/OGHA (Office for Global Health Affairs) for international response.
 - b) USG through HHS/ASPR for domestic response.
 - c) DOD through DOD liaison and other Federal Liaison Officers (LNOs) as required.
 - d) Public and Private Partnerships through the DEOC operations chief and partner liaisons. Refer to Annex H (Partnerships and Strategic Alliances).
 - e) International organizations (WHO/United Nations International Children's Emergency Fund (UNICEF)) through HHS/OGHA.

4. SUPPORT SERVICES

Refer to Annex I (Support Services).





5. MANAGEMENT AND COMMUNICATIONS

The Incident Manager in support of, and in collaboration with, the Chief Health Officer (CHO) has the overall authority for managing CDC influenza pandemic operations.

APPENDIXES.

1. Watch Mode.
2. Alert Mode.
3. Response Mode.
4. Duties and Responsibilities of Liaison Officials.





APPENDIX 1 (WATCH MODE) TO ANNEX A

1. OVERVIEW

- a. The DEOC is under the operational control of the Director, Division of Emergency Operations (DEO). The DEO provides staffing and monitors potential public health incidents that might involve a CDC response.

Table 2: CC/CO/NIOSH and Respective Components to DEOC Watch Mode

	CCEHIP	OD	COTPER	CCHIS	TOTAL
Operations Chief			1		1
Duty Officer (per shift)			1		1
Watch Officers (per shift)			2		2
Technical Support					
A. Audio/Visual			2		2
B. Information Technology		2			2
C. Informatics Support				1	1
D. GIS	1				
Sub-total	1	2	6	1	10

- b. CC/CO/NIOSH maintain on call SMEs to provide functional/technical support when required to be involved in public health support or emergencies. SMEs also provide updates and information through the DEOC according to established schedules for situational awareness and daily reports.

2. STAFFING REQUIREMENTS

The DEO maintains a full-time staff, on eight hour shifts during Watch Mode operations. Normally, staffing will consist of a Duty Officer for two shifts and two Watch Officers for three shifts with a cadre of technical support specialists. Other functional areas are on call as required. (Table 2)

- a. CC/CO/NIOSH Emergency Coordinators (ECs) maintain current notification rosters, updated quarterly at a minimum or when changes occur, for their staff members involved in emergency operations.





- b.** Once an emergency event has been brought to the attention of the DEOC, designated Emergency Response Coordinators (ERCs), CC/CO/NIOSH ECs, and Preliminary Assessment Team (PAT) members must be available for contact through redundant means and assembled via conference call within 20 minutes from the time the Duty Officer initiates contact measures.
- c.** Based upon initial information regarding an emergency event or through the requests of CC/CO/NIOSH, the Director, CDC (or designee) will determine an appropriate operational mode (alert or response) and decide if the DEOC should initiate increased staffing.
- d.** If a potential threat is imminent, DEO staff will notify the HHS SOC Watch Officer. The DEO staff will then coordinate a DEOC conference call and include pre-identified IM management staff for the specific threat.
- e.** Diagram 1 reflects provision of augmentation personnel to the DEOC in support of the IMS during Watch Mode. Under the CDC Tiered Response concept the Watch Mode at Tier 0 will range from 3 to 10 personnel





Diagram 1: DEOC Composition During Watch Mode

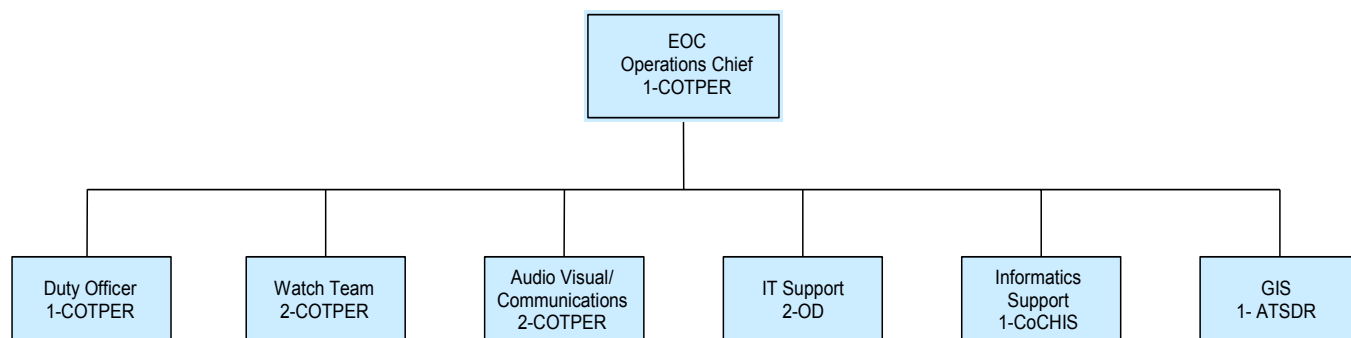
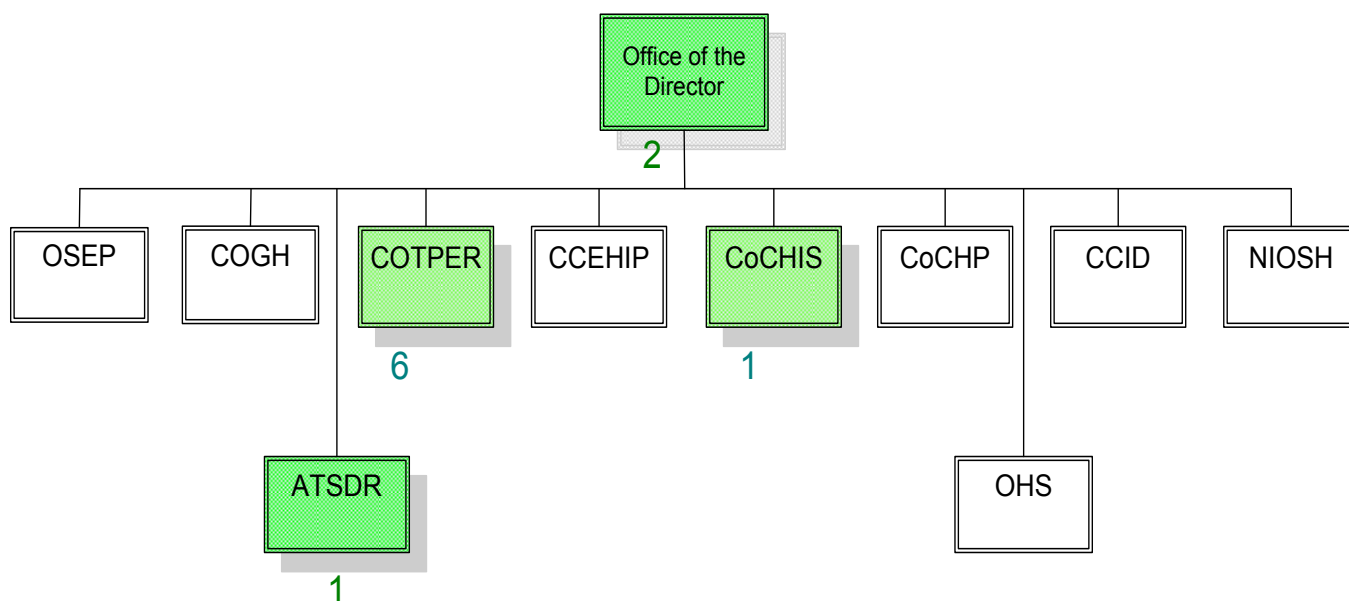


Diagram 2: CC/CO/NIOSH Support of DEOC Watch Mode





APPENDIX 2 (ALERT MODE) TO ANNEX A

1. OVERVIEW

- a.** Alert Mode represents an increased level of awareness for CDC and supporting CC/CO/NIOSH.
- b.** The Duty Officer notifies and establishes contact with appropriate agencies and organizations (Federal, SLTT and international). The criteria for contact are based upon guidelines established by HHS/OS and applicable Federal plans. The DEO core staff initiates processes to assume expanded operations and to maintain close coordination and collaboration with SMEs.
- c.** The Duty Officer, if required, will convene a Preliminary Assessment Team (PAT) to determine the level of CDC's potential involvement in and recommended response to an incident, and provide initial consultative assistance to Federal, SLTT, and international health professionals.
- d.** Emergency Communication System (ECS) staff will assess current information related to the potential threat and determine additional informational needs. ECS will create/update information related to the emerging situation.
- e.** Additional response functional areas will be activated to support operations of deployed personnel.

2. STAFFING

- a.** Besides the core staff, other specialized personnel from CDC are alerted and recalled to the DEOC, as the situation requires.
- b.** During this operational mode (Refer to Table 3.), SMEs are often involved in managing the event without assuming a position in the DEOC (non-resident). SMEs provide updates, spot reports, and situational reports as required to the Duty Officer for distribution internally and externally. Under the CDC Tiered Response concept the Alert Mode at Tier 1 will range from 11 to 55 personnel. Table 3 reflects a sample staffing.
- c.** ECS and the NCHM Emergency Coordinator will evaluate who is available from ECS teams and sources outside the ECS to assist in case of JIC activation.





Table 3: CC/CO/NIOSH and Respective Components to DEOC Alert Mode

	CCEHIP	OD	OSEP	COTPER	CCID	CCHIS	TOTAL
Incident Manager				1			1
Chief Health Officer					1		1
LNO Lead				1			1
Operations Section Chief				1			1
Personnel Resource Mgmt Branch					1		1
Operations Support Branch				2			2
EOC Mgmt Branch		2		5 + 2			9
Situational Awareness Branch	1		1	1		1	4
Planning Section				1	1		2
Logistics Section				3			3
Finance and Administration Section		2					2
JIC						1	
Sub-total	1	4	1	17	3	2	28





Diagram 3: DEOC Composition During Alert Mode

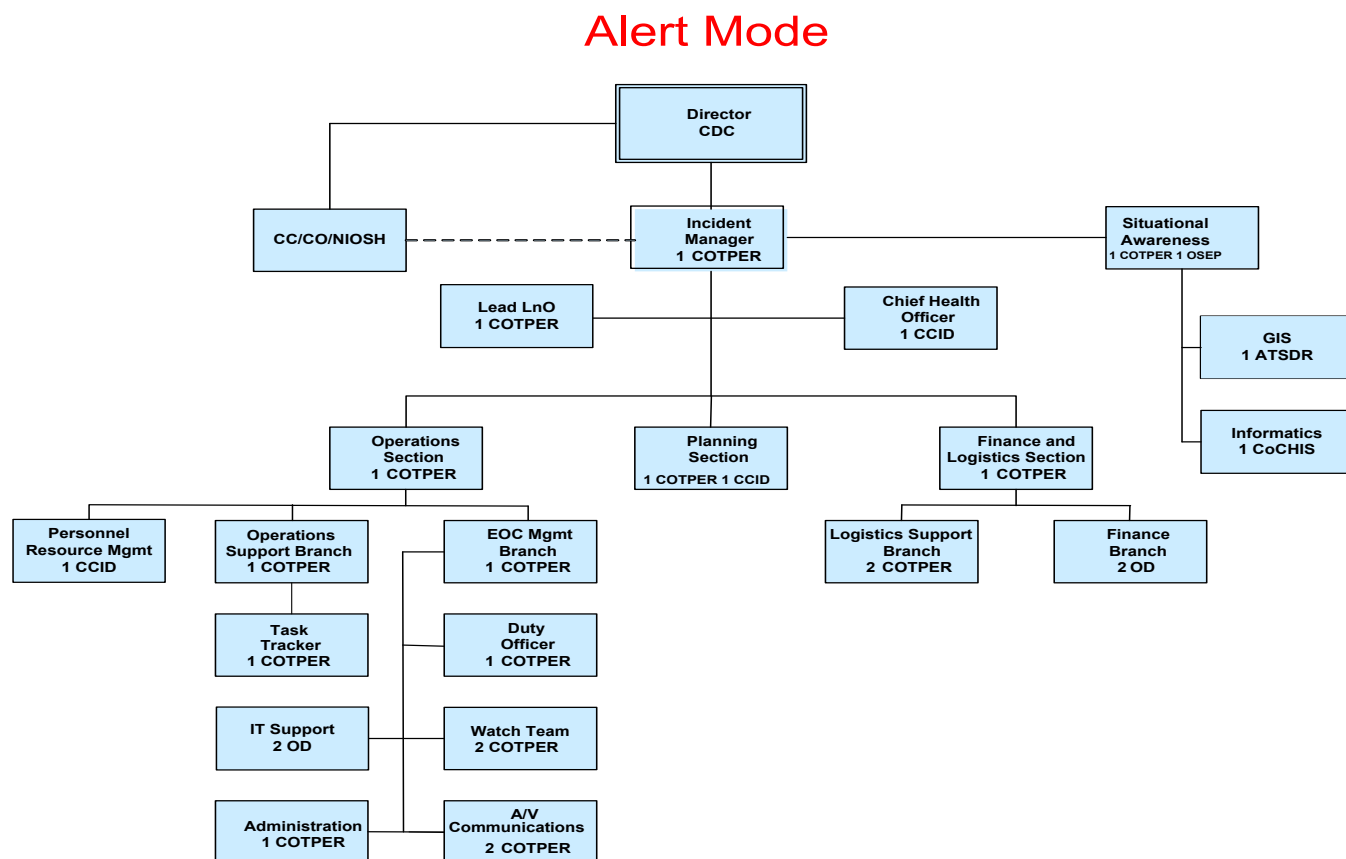
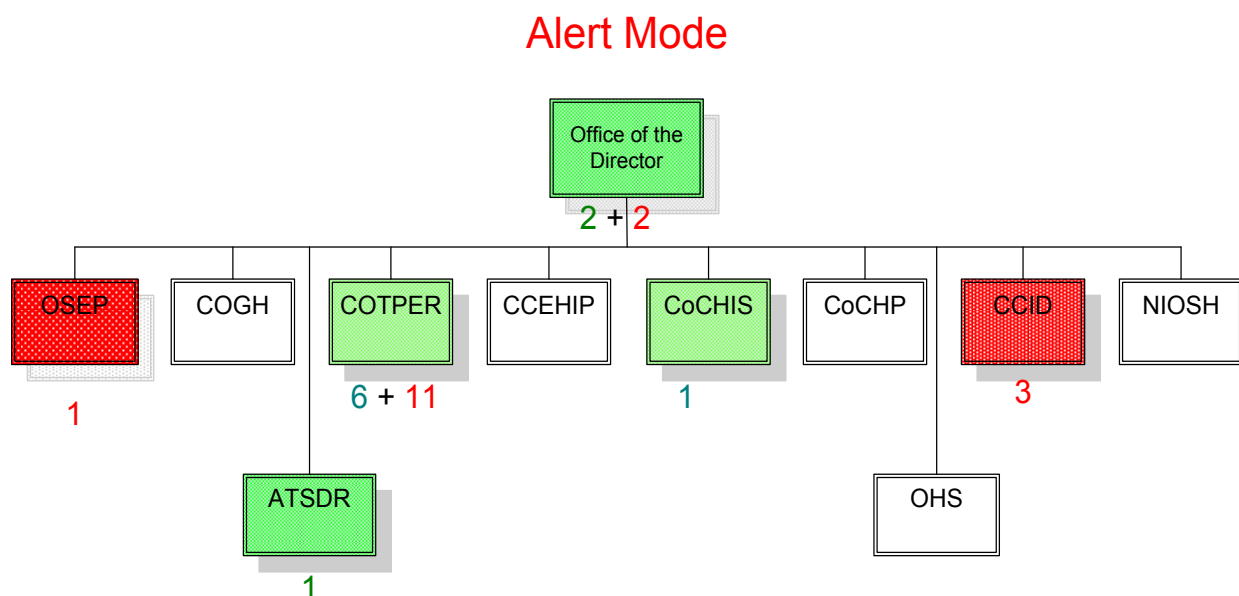




Diagram 4: CC/CO/NIOSH Support of DEOC Alert Mode





APPENDIX 3 (RESPONSE MODE) TO ANNEX A

1. OVERVIEW

- a. In the Response Mode during an influenza pandemic, upon the direction of the CDC Director, the Incident Manager and the Chief Health Officer (CHO) will establish the required incident command structure needed to provide coordination and support of the incident. The structure will be expanded or contracted to meet the changing needs of the incident.
- b. The Incident Manager and Logistics Section Chief, in collaboration with the CHO and the State or regional Senior Management Official (SMO), may determine that an Incident Support Team (IST) is needed in the field to provide general logistics support for CDC emergency response teams. If deployed, this team will be the logistics link between field teams and CDC's Logistics Coordination Center. The IST will report to the SMO or designee and manage the field support requirements.
- c. In support of the IMS, the Planning Section will coordinate a standard Incident Action Plan (IAP) for an approved operational period determined by the Incident Manager.
- d. During the response, the Public Response Hotline (800-CDC-INFO), which is coordinated and managed by CDC's National Center for Health Marketing (NCHM) within CCHIS will interact with and receive information from the DEOC JIC to provide health-related responses to public queries.
- e. The DEOC will serve as the formal communications conduit regarding SNS when stockpile assets are required.

2. STAFFING

- a. Based on guidance from the CDC Director and/or COTPER Director, the Incident Manager and CC/CO/NIOSH ECs will increase staffing for continuous and sustained operations. The expanded DEOC and IMS staffs will manage the response.
- b. Additional staff and liaisons from Federal, SLTT, and international agencies and organizations may be requested to occupy staffing positions in the DEOC to facilitate interagency





coordination within guidelines established by HHS/OS and other applicable Federal operating and response plans and agreements.

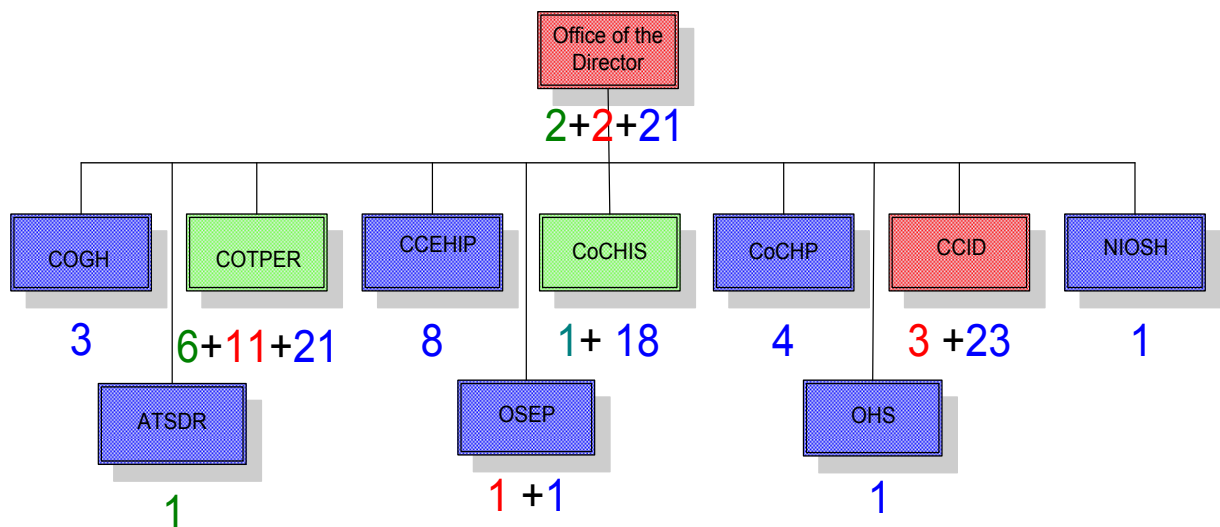
- c. The matrix of Table 4 and the Organizational Diagram 5 reflect a fully staffed Incident Management Structure in the DEOC.
- d. The response mode has three tiers of management and response. Each tier is considered a level of activation.
 - 1) Tier 1: Management is provided from within the CC/CO/NIOSH. Designated science lead heads the collection, analysis and dissemination of information. A small number of personnel are deployed from within the CC/CO/NIOSH. Additional assistance is provided across the Coordinating Centers to include the DEOC (logistics, report monitoring and assistance with deployment).
 - 2) Tier 2: CDC Incident Manager (IM) is identified to coordinate multiple functional teams. Teams are dedicated to the incident. A relatively small number of deployments are required. Management and team staffing is a mix of DEO personnel and personnel from across CC/CO/NIOSH.
 - 3) Tier 3: CDC IM is identified. Functional representation from across CDC is in the DEOC. Incident could last several months. Clearly the DEOC staffing during a protracted period envisioned for a pandemic will be situation dependent. The IM is ultimately responsible for adjusting the manning of the DEOC to recognize personnel limitations while still ensuring control of and communication with CDC assets deployed against the pandemic.





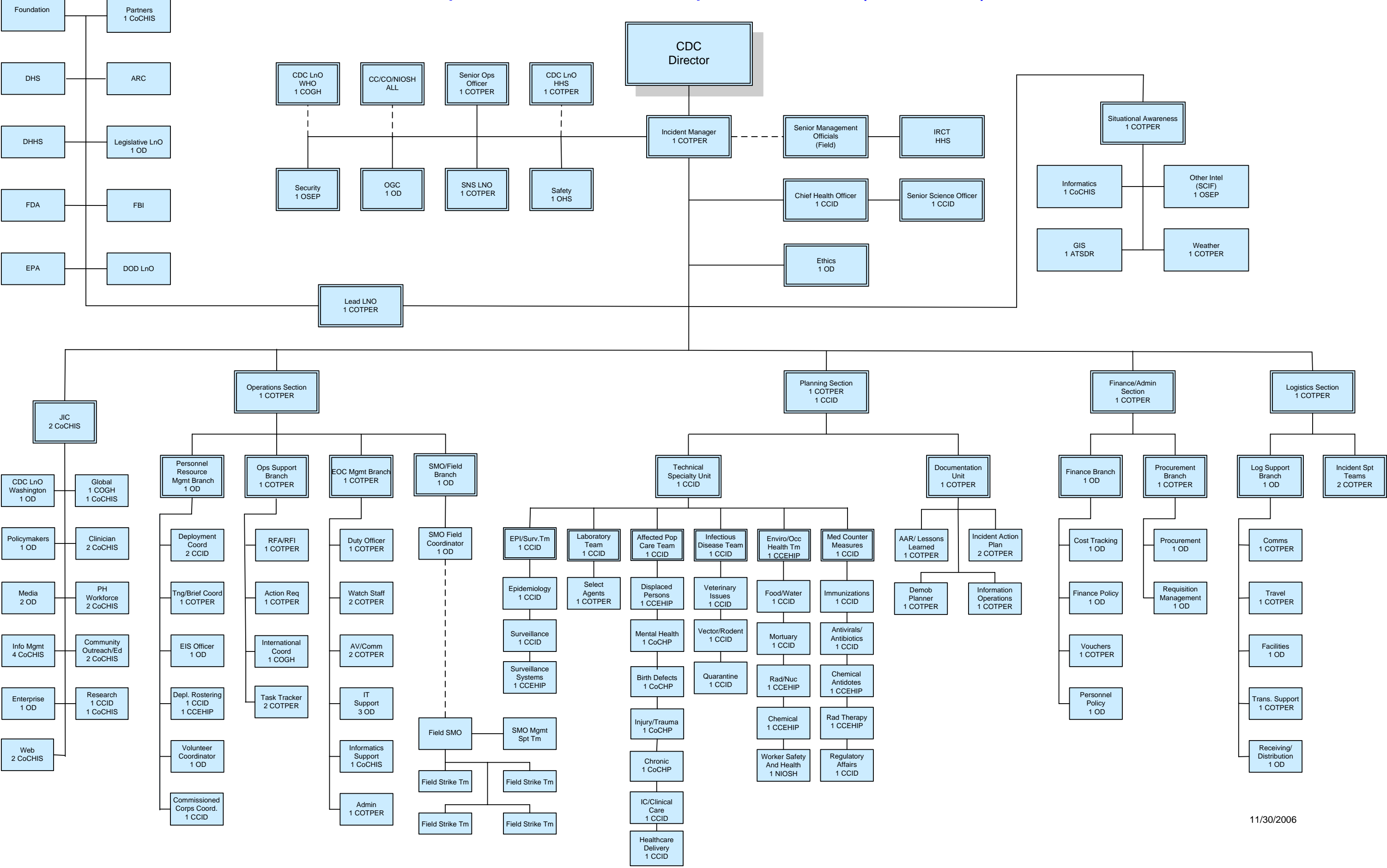
Diagram 5: CC/CO/NIOSH Support of DEOC Response Mode

Response Mode



RESPONSE MODE MATRIX												
	OD	CCID	COTPER	CoCHIS	CoCHP	CCEHIP	NIOSH	COGH	OSEP	OHS	ATSDR	TOTAL
Executive Incident Management Group												
Incident Manager			1									1
Ethics	1											1
CDC LnO to HHS			1									1
CDC LnO to WHO								1				1
Chief Health Officer		1										1
Senior Science Officer		1										1
Senior Operations Officer			1									1
Lead LnO			1									1
Legislative LnO	1											1
Partners				1								1
Safety										1		1
Security									1			1
Director, SNS			1									1
OGC	1											1
JIC												
Joint Information Center	4	1		16				1				22
CDC LnO Washington	1											1
Operations Section												
Operations Section Chief			1									1
Personnel Resource Mgmt Branch	3	1+3	1			1						9
Operations Support Branch			2+3					1				6
EOC Management Branch	2+1		5+2	1								11
SMO/Field Branch	2											2
Planning Section												
Planning Section Chief		1	1									2
Technical Specialty Unit		18	1		4	7	1					31
Documentation			6									6
Situational Awareness Section												
Situational Awareness Section Chief			1									1
Informatics				1								1
Other Intel									1			1
GIS											1	1
Weather			1									1
Logistics Section												
Logistics Section Chief			1									1
Support Branch	3		2+1									6
Incident Support Teams			2									2
Finance/Admin Section												
Finance/Admin Section Chief			1									1
Procurement Branch	2		1									3
Finance Branch	2+2		1									5
SUB-TOTAL	25	26	38	19	4	8	1	3	2	1	1	128

Sample All Hazards Response Mode (PANFLU)





APPENDIX 4 (DUTIES AND RESPONSIBILITIES OF LIAISON OFFICERS) TO ANNEX A

1. GENERAL

Within the Incident Management Structure in the DEOC, the liaison officers (LNOs) are responsible for coordinating the flow of information between CDC and other departments and agencies during an influenza pandemic. LNOs will have direct access to the entire IM staff to include the CDC Director, IM, and CHO, if required. LNOs will ensure approval is obtained for any CDC information distributed back to their parent organizations. LNOs are a conduit for information both into and out of CDC as it pertains to their specific parent organization. LNOs will ensure information is disseminated to the Operations (OPNS), PLANS, and Logistics (LOG) chiefs as frequently as necessary to ensure they incorporate situational awareness in their planning efforts and the Incident Action Plan (IAP) as necessary. LNOs cannot commit parent organizations' resources in support of CDC efforts, but will facilitate the coordination of such requests. LNOs are extremely valuable to CDC in that they provide situational updates of actions that their parent organizations are taking. LNOs remain under the command of their parent organizations, but they can be asked to obtain or provide specific information regarding their parent organizations' activities. LNOs may be requested to establish conference calls between CDC and their parent organizations.

2. ROLES

a. Legislative Liaison Unit Leader.

- 1) Filled by: OD/Office of Enterprise Communication (OEC).
- 2) Reports to: Lead/LNO
- 3) Primary coordination points: CDC/W and JIC.
- 4) Roles/Responsibilities:
 - a) Monitor incoming e-mail and distribution for items of legislative interest or concern about influenza pandemic.
 - b) Receive and track all controlled correspondence.





- c) Coordinate with other staff sections to obtain information necessary to respond to executive and legislative inquiries.
- d) Draft responses to Congressional inquiries.
- e) Maintain contact and coordinate with CDC/W.
- f) Coordinate all inquiries with the JIC.

b. CDC Foundation Liaison Officer (LNO).

- 1) Filled by: CDC Foundation.
- 2) Reports to: Lead/LNO.
- 3) Primary coordination points: LOG and finance chiefs.
- 4) Mission. To interface with the CDC Foundation, regarding the emergency response.
- 5) Roles/Responsibilities: Coordinate with CDC partners and foundations for contingency assistance.

c. Policy Liaison Officer.

- 1) Filled by: Office of the Chief Operating Officer (OCCO).
- 2) Report to: IM.
- 3) Primary coordination points: Chief Health Officer, Senior Science Officer, and Senior Operations Officer.
- 4) Mission. To interface with CDC policymakers.
- 5) Roles/Responsibilities:
 - a) Monitor policy decisions for consistency among CC/CO/NIOSH.
 - b) Recommend policy for emerging issues.
 - c) Maintain coordination with OCSO.

d. Director of Strategic National Stockpile

- 1) Filled by: Division of Strategic National Stockpile (DSNS).
- 2) Reports to: IM.
- 3) Primary coordination points: OPNS, PLANS, LOG, and finance chiefs
- 4) Mission. Coordinate with the DEOC staff on behalf of SNS.





5) Roles/Responsibilities:

- a) Advises the IM on issues related to the procurement, distribution, and management of SNS assets.
- b) Assure IM is aware of the most current status of SNS assets.
- c) Obtain SNS release authorization from Director, COTPER, in coordination with the IM.

e. Partners Liaison Officer Team Leader.

1) Filled by: CCHIS/NCHM.

2) Report to: Lead/LNO

3) Primary coordination points: Senior Science Officer and Senior Operations Officer.

4) Mission. Coordinate resources and information to and from public and private sectors.

5) Roles/Responsibilities:

- a) Prioritize group's needs and interests with DEOC.
- b) Disseminate information to sector partners.
- c) Receive, process, and coordinate all inquiries and responses with the applicable SMEs.

f. Senior Management Official Coordinator (SMO LNO) Branch Leader.

1) Filled by: Office of the Chief Operating Officer (OCCO).

2) Report to: OPS Support Branch.

3) Primary coordination points: OPNS, PLANS, LOG, Senior Science Officer, and Senior Operations Officer.

4) Mission: To provide interface with SMOs in the field.

5) Roles/Responsibilities:

- a) Serve as primary contact between field SMOs and the IM staff in the DEOC.
- b) Obtain information from SMOs regarding field activities that SLTT agencies use to monitor health and safety of deployed and SLTT assigned CDC personnel.
- c) Alert the IM of possible upcoming requests for additional resources, and distribute to IM and staff.
- d) Relay requests for assistance from SMOs to IM and staff; coordinate with staff to provide resources officially requested.





g. Department of Defense (DOD) Liaison Officer.

- 1) Filled by: Assistant Secretary of Defense for Health Affairs – ASD (HA).
- 2) Report to: Lead/LNO.
- 3) Primary coordination points: OPNS, PLANS, SNS, and LOG.
- 4) Mission. Interaction between ASD (HA) and CDC Director.
- 5) Roles and Responsibilities:
 - a) Provide overall situational awareness between DOD and specific IM staff in the DEOC.
 - b) Filter and assist in channeling potential requests from the DEOC to the DOD.
 - c) Coordinate issues relative to:
 - (1) Medical surveillance.
 - (2) Epidemiologic modeling initiatives.
 - (3) Laboratory networks (Laboratory Response Network (LRN) and Integrated Consortium of Laboratory Networks (ICLN)).
 - (4) Medical intelligence sharing with the Defense Intelligence Agency/Armed Forces Medical Intelligence Center (DIA/AFMIC).
 - (5) Strategic National Stockpile with ASD (HA) and United States Northern Command (USNORTHCOM).
 - (6) Environmental bio-monitoring.
 - (7) Influenza pandemic planning.

h. CDC Liaison/Washington D. C.

- 1) Filled by: OD.
- 2) Report to: JIC Lead.
- 3) Primary coordination points: JIC, Congressional Liaison, and Senior Science Officer.
- 4) Mission. The CDC/W serves as a base for the Director of CDC and acts as a liaison between CDC and its Washington-based audiences, which include other agencies, associations, policymakers, and others interested in public health.
- 5) Roles and Responsibilities: CDC/W will provide overall leadership and management for policy and legislative matters for CDC. The office will design policy strategies for complex





public health issues to develop plans for CDC's work with Congress and other Washington area organizations (policymakers, agencies, and associations) to advance CDC's public health goals.

i. CDC Liaison to World Health Organization (WHO).

- 1) Filled by: Coordinating Office for Global Health (COGH).
- 2) Report to: IM.
- 3) Primary coordination points: Senior Science Officer and Senior Operations Officer.
- 4) Mission: To assist with the prioritization, development, implementation and direction of WHO global and regional influenza related activities, including those related to surveillance, pandemic preparedness, outbreak response, vaccines, antiviral drugs, and research.
- 5) Roles and Responsibilities:
 - a) Provide technical expertise and assistance on influenza to WHO, Ministries of Health, public health agencies and other entities involved in influenza control activities.
 - b) Promote global awareness about influenza.
 - c) Establish and strengthen lines of communication between organizations involved in efforts to control influenza.

j. CDC Liaison to the Department of Health and Human Services (Office of Public Health Emergency Preparedness)

- 1) Filled by: Coordinating Office for Terrorism Preparedness and Emergency Response (COTPER)
- 2) Report to: HHS/OS (ASPR(EMG))
- 3) Primary coordination point: DEO (IM)
- 4) Mission: To serve as the principal representative of the Director, CDC in the Office of the Secretary, HHS.
- 5) Roles and Responsibilities
 - a) Clarify threat SA (Situational Awareness) from CDC
 - b) Maintain status of SNS and other CDC deployed assets
 - c) Ensure receipt of SA from USG and other HHS agencies which is pertinent to CDC.





- d) Facilitate movement of requests/information between HHS and CDC.
- e) Coordinate mission-critical issues with HHS/OS.

